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Student-Run Interdisciplinary Allied Health Digital Practice Centre

KEY CONCEPTS

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Student-Run Interdisciplinary Allied Health Digital Practice Centre

KEY CONCEPTS

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1. Student-Run

1.1. How to implement the concept to the business plan of the centre?

This concept represents the cornerstone of the paradigmatic shifts that the SIAHDPC project sought to introduce in Kosovo, namely its higher education institutions. Particularly, this concept implies the transition from the teacher-centric into student-run pedagogical approach, and from dogmatic-teacher-doctor-knows all into evidence, user-involvement, client-centered, and multidisciplinary-based model of delivering educational and healthcare services, respectively. Student involvement in the professional and administrative aspects as the first among the equal “habitants” of the centre. They lead and take part actively in all steps of functioning of the organisation. The following are generally acknowledged as the primary goals of putting student-run initiatives into action: to foster the development of professional competencies (knowledge, aptitude, and skills); to support interprofessional care; to provide opportunities for service learning; to produce clinical education placements; and to expose students to populations they might not encounter in traditional educational settings (Forbes et al., 2020; Haggarty & Dalcin, 2014; Moskowitz et al., 2006).

1.2. How to conduct the concept to the services of the centre?

Each service will be provided by students under the mentorship of professionals/mentors. Students will be key in offering services in the centre. Students will also be responsible for collecting data and together with their mentors/supervisors will make decisions based on the data. Some of the services that will be provided consist of: assessing the client, analysing the data, identifying service/treatment for client, sharing data/information with mentor, mentors approve, student delivers service, educate clients in treatment/service delivery.

1.3. How to conduct the concept of collaboration with clients of the centre?

For each service the first contact will be with the students who will take part in all processes, aligned to the competences that they are expected to achieve each year. Moreover, a survey developed and administered by students could add value to the collaboration with the clients in the centre considering the importance of inputs given by clients in improving and advancing the centre.

Project number: **619098-EPP-1-2020-1-XK-EPPKA2-CBHE-JP**

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1.4. How to conduct the concept of learning in the centre?

Achieving competencies during studies through taking part actively in all steps of the functionality of the services in the centre. Above that, it is significantly important that students actively provide feedback and inputs to instructors especially in the part of grading rubrics and lesson plans considering that they are more fluid and might be beneficial for the whole process.

1.5. How to conduct the concept of teaching in the centre?

The basic idea of a student-run digital centre is to also impact the teaching and learning process through different steps and methods including concepts for the use of technologies and evaluations. Observation, engagement, and practice are key to developing program competencies, including ICT skills. It's crucial to provide students with opportunities to give feedback to instructors, as this can enhance the learning process. Methods like the Critical Incident Questionnaire (CIQ) and teaching effectiveness surveys can be valuable tools. Administering these surveys 2-3 times per semester allows instructors to identify which activities and lessons engage students most effectively. This real-time feedback enables instructors to adjust their teaching methods, improving the relevance and impact of their courses. Consequently, this can lead to better achievement of competencies and learning objectives.

1.3. How to conduct the concept of collaboration with clients of the centre?

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2. Digital Practice Centre

2.1. How to conduct the concept to the business plan of the centre?

Digital Practice is a service within the centre that has been designed to make it easy for clients to access therapeutic services through tele-health and e-health services, where students must take part actively in the practice to gain professional and ICT health competencies. To fully integrate the digital practice into the centre, training and courses will be offered to students that will allow them to further enhance their digital skills regarding the centre.

2.2. How to conduct the concept of the services of the centre?

Mentors and deans should identify services that can be delivered virtually through tele-health, e-health, and e-rehabilitation. They need to stay updated on the latest methodologies and standardized training procedures. Additionally, it's crucial to ensure that those providing these digital services are well-informed. Including FAQs and tutorials is essential, given that many people in Kosovo may be unfamiliar with using digital health services.

2.3. How to conduct the concept of collaboration with clients of the centre?

The collaboration with the clients will be based on the following steps: advocating for using digital services and delivering respective e-services, ensuring the student's active and early involvement. Moreover, as mentioned above, a brief survey following services might help inform how to make the digital practices more client centred or user friendly.

2.4. How to conduct the concept of learning in the centre?

The concept of digital practice will be preceded by Continuous Professional Development (CPD) course delivery which should prepare students for providing digital health services. Following the phase of piloting, those piloted courses are expected to be revised/amended and remain as part of the standard curricula of the respective accredited programs of all the Kosovo HEIs involved in the project. Further, it is important to set up a precedent on how adaptations might be incorporated into learning practices, pedagogy etc. An important step could be the incorporation of a critical incident questionnaire which might contribute to informing course instructors on how to adapt the materials and teaching approaches for evolving needs and client demands.

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2.5. How to conduct the concept of teaching in the centre?

Teachers are expected to use the SIAHDPC centre to enhance students' practical knowledge and skills in digital health services. They will integrate live-streamed observations from health clinics into classroom teaching, promoting interdisciplinary teamwork and critical reflection. This new content will be incorporated into both credit and non-credit CPDs across various EQF levels. Additionally, teachers will utilise digital learning tools like virtual and augmented reality and receive training to effectively deliver this hands-on, interactive instruction.

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3. Person Centredness

3.1. How to conduct the concept to the business plan of the centre?

Usually, a care service is said to be person-centred, if it focused on an individual, whom presumably has autonomy over the decisions in life (Coynes et al., 2018). Although traditionally, one may find on the relevant literature and clinical settings, person-centredness being interchangeably referred to as client or patient centred (Slater, 2006), in our centre we deliberately sought to avoid the latter's associated attributes. Namely, via the person-centredness we seek to conserve the balance of power between the health care provider and the service receiver, and also focusing not on the issue of the latter, but on the latter directly, considering its unique qualities, preferences, priorities, and circumstances.

Thus, a person centeredness concept when applied to the business plan will need to consider more holistic benefits to the users and service providers. In other words, the business plan must also consider the socio-emotional, physiological impact as well as the functional/operational and economic considerations of operating a successful/sustainable business.

3.2. How to conduct the concept to the services of the centre?

"Person-centred care is a healthcare model that integrates a biopsychosocial approach, addressing health in its physical, psychological, and social dimensions, while also considering the person as a whole—encompassing body, mind, and psyche (Cloninger 2004, 2013). This model emphasises the partnership between the caregiver and the patient, treating them as equal collaborators in the care process." One of the main aims is to implement a process that goes beyond the diagnostic formulation of identifying a disease state or ill-health, that is, a process of total health status, including ill being and well-being" (Garcia et al. 2018)

3.3. How to conduct the concept of collaboration with clients of the centre?

Client-centred care involves collaboration between healthcare workers and clients through four key stages:

1. **Identify Concerns and Needs:** Engage clients in discussions to understand their health perspectives and quality of life.
2. **Make Decisions:** Empower clients to be the primary decision-makers in their care, ensuring they have all the information they need to provide informed consent.
3. **Provide Care and Service:** Involve clients throughout the care process, respecting their knowledge and preferences.
4. **Acknowledge Expertise:** Encourage clients to share their knowledge, honoring their choices and decisions.

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In Kosovo, educating clients about their rights and involving them in the learning process is particularly crucial.

3.4. How to conduct the concept of learning in the centre?

A learning centre is a dedicated space within a university where students can engage in hands-on activities to practise and master their skills. These centres are equipped with materials like simulations, art supplies, books, and instructional tools. Students use the space to work on assignments or explore subjects more deeply, independently or in small groups. It's essential to include education for users and clients, as this will be a new service for many.

3.5. How to conduct the concept of teaching in the centre?

Teaching in the centre is oriented through different steps: observation, engagements and practising. Students will be the focal point of the teaching process, while teachers will act as facilitators, guides, and accelerators of discussions, new perspectives, and ideas generated by the students seeking to solve the problems that they are exposed or assigned to by the teachers. To further enhance the role of the student-centeredness during the teaching and learning process, it is expected that students take a more active role also on peer-to-peer based evaluation. Besides that, there also needs to be a method for providing feedback to instructors, so that their offerings continue to be student-centred. A teaching effectiveness survey or a critical incident questionnaire could be alternatives in improving and advancing it. Spontaneous feedback is valuable, and teachers can support and create learning environments that encourage this.

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4. Evidence-Informed Practice

4.1. How to conduct the concept to the business plan of the centre?

Evidence-informed practice (EIP) is a process for informed clinical decision-making. Practitioners and clients are in real dialogue where research evidence is integrated with clinical experience, client's values, preferences, and circumstances (Melnik & Fineout-Overholt, 2023). (Miles & Loughlin, 2011) claimed that evidence-informed practice (EIP), in which evidence is the prior knowledge base, has taken humanity out of clinical practice, so they promoted the use of the term evidence-informed practice to indicate that the process becomes more client-centred rather than focused on the science of reducing the quantitative evidence. (Nevo & Slonim-Nevo, 2011) argued that research findings should not be overestimated but considered as part of clinical reasoning as well as client's values, wishes and expertise. To further advance EIP, a situational analysis or market analysis can help a lot in better determining services that will be offered in the centre. Considering that this is quite a new offering (for the Kosovo market), including a marketing strategy to help inform and educate potential users about services offered in the centre is considered important as well (Purcarea, 2019; Tebo, 2023).

4.2. How to conduct the concept to the services of the centre?

When rehabilitation or care is conducted as evidence-informed practice, it means that the therapist coordinates the protocol prior to the evidence instead of the individual information about the client. This situation has a different kind of nature, EIP, is when therapists consider the individual situation of the client and use evidence to find the best solutions for each one of them (Kumah et al., 2022; Panteli & Sieber, 2022; Tomlin & Dougherty, 2014a, 2014b).

4.3. How to conduct the concept of collaboration with clients of the centre?

Keep up to date with interdisciplinary collaboration principles (Bornman & Louw, 2023; Karam et al., 2018; Mertens et al., 2018). Moreover, establishing a client feedback approach has shown to be quite successful in other developed countries i.e., HIPPA project in Finland (HIPPA, 2018). Establishing a contact point for patients/clients in case of any potential questions or worries concerning services could really benefit and improve collaboration between patients/clients and centre (Dahlberg et al., 2019). Moreover, collaboration in providing evidence might be established vis-a-vis service satisfaction and needs based questionnaires, desired services, databases of most common service needs, disaggregated info and adapting service provisions based on field evidence (Ferreira et al., 2023).

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4.4. How to conduct the concept to learning in centre?

Support the students to achieve basic research skills to conduct and maintain evidence-informed practice/learning throughout their academic career. Teachers can come up with tasks to stimulate the students to research, reinforce these skills and make a habit of evidence-informed work (Jessani et al., 2019; Nelson & Campbell, 2017).

4.5. How to conduct the concept to teaching in centre?

The teachers/mentors must possess the skills to evidence-informed research, practice and working; they must demonstrate a good model of evidence-informed work for the students to follow. The mentors should provide well-described tasks for the students and offer them feedback so students may learn by doing. A vetting process, or publication requirements, or professional development offerings could help in better conducting the EIP to the teaching in centre (Aspfors & Fransson, 2015).

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5. Interdisciplinary

5.1. How to conduct the concept to the business plan of the centre?

An interdisciplinary approach is essential for addressing global challenges like business, socio-technological issues, healthcare, and education reform (Bendowska & Baum, 2023; Fewster-Thuente & Velsor-Friedrich, 2008; Miller, 2010). This collaborative effort is crucial in developing a business plan for the centre. The manual should include relevant interdisciplinary fields such as service providers, IT technicians, educators, students, and entrepreneurs to ensure the business plan's success and the delivery of quality services.

5.2. How to conduct the concept to the services of the centre?

Professionals from different health fields will collaborate to have a holistic approach to client treatment. Involvement of different disciplines in treatment of clients is an emerging approach in today's world that every health service provider should consider applying. For example: older people in hospitals often have a number of different diagnoses and consequently have multiple and complex needs (Chowdhury et al., 2023). Compared to younger age groups, a greater proportion of older people require an interdisciplinary approach to their care to deal with complex multi-morbidity, social and psychological issues (Metzelthin et al., 2013).

4.3. How to conduct the concept of collaboration with clients of the centre?

To effectively collaborate with clients at the SIAH DPC, the interdisciplinary team adopts a problem-focused approach, emphasising shared decision-making and teamwork. This process relies on continuous cooperation, where each member contributes their expertise to comprehensively address client needs.

Elements such as continuous education, well defined professional scope, communication competencies and organisational readiness and support for effective cooperation in this regard are considered of a high importance (Bollen et al., 2019). These are reinforced through newly designed and existing CPD programs at various EQF levels, ensuring all team members are well-prepared for effective collaboration.

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5.4. How to conduct the concept of learning in the centre?

Interdisciplinary education enables students to engage with diverse perspectives and viewpoints (Self et al., 2019). In the centre, this approach needs to be familiar amongst students and other workers in the centre in order to better conduct interdisciplinary learning in the centre. Moreover, it will enable students to think outside the box and challenge their preconceived notions by exploring ideas and concepts in more than one way. When students dive deeply into a subject from different perspectives and use multiple disciplines to study it, they'll appreciate the diversity of approaches to solve a problem. It also gives students a broader understanding of the material because it requires them to study conflicting insights from alternative disciplines. And when students examine different perspectives regarding the same or similar problems, they also get a grasp of the reasoning behind each perspective (D'Souza & Fernandes, 2021).

5.5. How to conduct the concept of teaching in the centre?

The Science Education Resource Centre at Carleton College defines interdisciplinary teaching as an approach that integrates different aspects of more than one academic discipline to examine a theme, issue, question, or topic (Carleton College, 2010). Such an approach empowers students to explore different perspectives and views. This approach gives students working at the centre a “completer and more coherent” understanding of the material they are studying. Moreover, there needs to be planned meetings in the Centre that are guided by teachers and student peer groups or experienced students. In addition to that, various teachers and students with different knowledge need to be included to jointly plan meetings.

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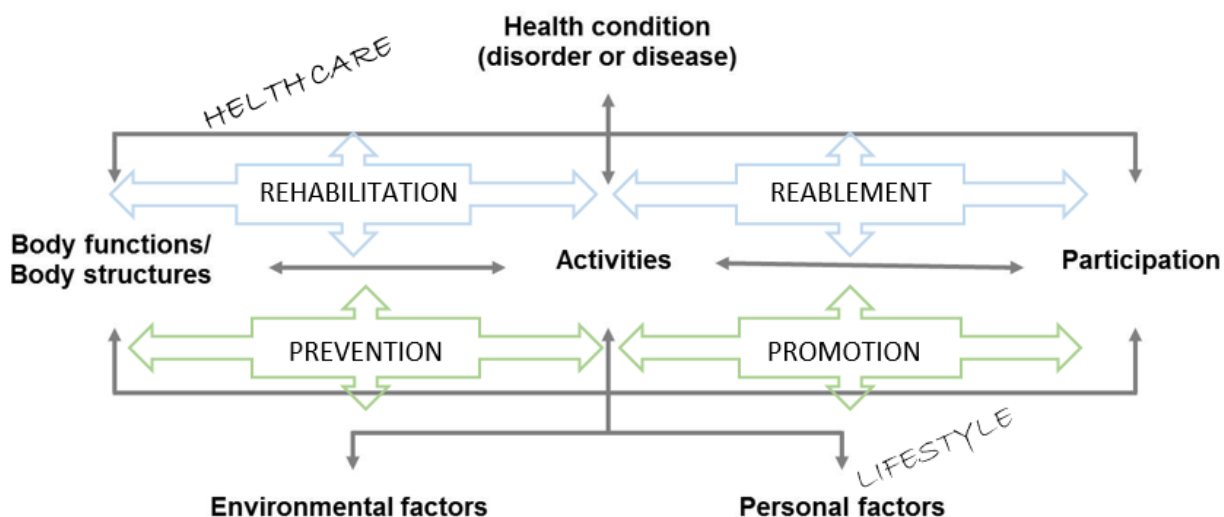




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6. Allied Health



6.1. How to conduct the concept to the business plan of the centre?

Allied health at the Student-Run Centre involves student laboratory technicians, student nurses, student occupational and speech therapists providing diverse health or related services pertaining to the identification, evaluation, rehabilitation, promotion and prevention of health, functioning and disability.

Allied health encompasses a broad group of health professionals who use scientific principles and evidence-informed practice for the diagnosis, evaluation, and treatment of diseases; promote disease prevention and wellness for optimum health and apply administration and management skills to support health care systems in a variety of settings (ASAHP, 2020).

The allied health workforce is using opportunities to engage with a 'whole-system' model of services, addressing the continuity of service provision emphasising a client-centred approach. It is actively engaged in driving initiatives that apply and integrate data and digital methods into everyday practices where allied health services are evolving to meet the current societal conditions, models of care, advanced scopes of practice using a transdisciplinary lens to strengthen the impact of services for preventing health deterioration and sustaining the wellbeing of the population (Ministry of Health, 2021).

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6.2. How to conduct the concept to the services of the centre?

Allied health professions have a holistic view of human beings and are working toward the common goal of providing the best possible service in health care while also promoting wellbeing. All students have a specific role in the intervention process of clients, to measure, achieve and maintain optimum health and functioning in their daily lives(ASAHP, 2020).

6.3. How to conduct the concept of collaboration with clients of the centre?

Students should have access to existing knowledge of relevant technology and theoretical materials. It is important to develop training programs by the HEI in this project. Students can have the opportunity to reflect on best practices, challenges and opportunities and to self-evaluate based on established competencies.

6.4. How to conduct the concept of learning in the centre?

The students should achieve relevant industry competencies during their studies, while enrolled in any of respective allied-health related academic undergraduate and graduate programmes, certified and non-formal professional LLL training opportunities, along with practical training subcomponents being implemented at the centre in the conventional as well digital format.

6.5. How to conduct the concept of teaching in the centre?

Teaching in the centre integrates the following steps: observation, active participation, and practising. Students will be the focal point of the teaching process, while teachers will facilitate discussions, student generated perspectives and ideas that seek to solve the problems presented in the case studies from the course.

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7. Co-Creation

7.1. How to conduct the concept to the business plan of the centre?

The centre can employ a business model founded on principles of co-creation. One such model, denoted as reciprocal value co-creation and interdependence, indicates that service providers and clients, along with other stakeholders, are engaged in a relationship where knowledge, resources and information are mutually exchanged (Pralhad & Ramaswamy, 2004; Truong, Simmons, & Palmer, 2012)

As a result, this model of valuing clients as co-producers can guide the centre's business strategy with regards to operations, services and products, financial planning and sustainability.

7.2. How to conduct the concept to the services of the centre?

Co-creation applies to the centre's service process in a manifold model. Co-ideation and co-design of services, for example, will be influenced by the different contexts which these services address, its existing network, as well as end users (clients). In addition, co-creation plays an important part in phases of testing and service provision, by applying a multi-participatory approach to the development of service processes. In this manner, the centre will engage its service providers (teachers and students) and clients in the whole service trajectory, including the process of design and implementation, as well as in the final stages of service provision and evaluation.

7.3. How to conduct the concept of collaboration with clients of the centre?

Client co-creation is a collaborative process where clients contribute at various stages of product or service development. At the co-design stage, clients can help generate ideas and proposals. During the refinement stage, client feedback is integrated to enhance existing services. Additionally, the centre can encourage client input through open calls for ideas or proposals, ensuring continuous innovation and improvement.

7.4. How to conduct the concept of learning in the centre?

Co-creation in learning indicates active participation of students, with regards to construction of resources and processes in class.

Co-creation can include designated roles for smaller groups of students, where they can contribute to main areas such as representation, consulting, research assistance and co-designing pedagogical resources. Alternatively, co-creation can occur through a

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‘whole-class’ approach, wherein learning happens through direct or online collaboration in the learning process. The collaboration can take place in different forms, including student-led partnerships in deciding subject topics, setting learning objectives, designing teaching programmes/approaches, and even setting evaluation methodology (Alves et al., 2016).

7.5. How to conduct the concept of teaching in the centre?

Teaching activities in the centre can employ a learner-teacher environment that is based on co-creation principles, including collaboration and partnership. Specifically, all parties must share the opportunities for contributing to teaching processes, including curriculum design, ‘classroom’ design and other analysis and inquiry processes related to teaching and learning (Alves et al., 2016).

In this way, by offering equal opportunities, integrating diverse perspectives from stakeholders, teaching will be grounded in a curriculum/programme that appeals to both teachers and students alike. Highly engaged students are imperative to efficacious teaching and can produce other effects such as feelings of ownership and improved communication skills (Fredricks, Blumenfeld, & Paris, 2004; Kuh, 2009; Trowler, 2010).

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8. Digital Literacy

8.1. How to conduct the concept to the business plan of the centre?

As technology is evolving rapidly, health and social care need to be competent, confident and capable in its use in the centre. Advanced digital capabilities include a positive attitude towards technology and innovation and its potential to improve care and outcomes. However, evidence suggests that to achieve this, we need to develop a digitally literate health care workforce (and healthcare user) for today and the future. It is important for the functioning of the centre to provide students and workers with relevant digital technology, to train local users by offering simulated practices, as well as encourage learning best practice through reflection (Boechler et al., 2014; Spante et al., 2018).

8.2. How to implement the concept in the centre's services.

Integrating digital literacy into services is important. The centre should offer up to date technical and digital training for students and staff. On the job, training is a valuable tool for students and staff to learn and practise how to use new digital health technology. Moreover, examples from other centres can contribute to ensure that best digital health practices are operationalised in the centre.

8.3. How to collaboratively engage clients with the centre.

Clients need to be involved in the development and updating of the digital platforms for client use. Focus groups and surveys can help digital platform developers create a platform that fulfil the needs of healthcare users while also being user friendly. Additionally, FAQs and Chatbots may help users to be better informed and more empowered to use the digital platform and services. Finally, staff and management should prioritise reflection on challenges and opportunities in order to identify best practices while at the same time addressing the concerns and preferences of healthcare users. Finally, the staff and management must integrate healthcare user feedback to ensure the centre operates according to users needs.

8.4. How to operationalise lifelong learning in the centre.

Professional development and learning needs should be student and client centred. This requires that instructors and mentors co-create training opportunities based on the user, student, service provider and instructor knowledge of relevant technology. Self-assessment of competencies may help identify professional development and training needs. Overall, the centre and the healthcare user benefit from continued education opportunities and professional

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development in line with technological industry standards. Continued education and professional development promotes digital literacy.

8.5 How to implement teaching in the centre.

Instruction needs to correspond to the current competencies of the user, student, service provider and staff. As such, assessment of existing knowledge of relevant technology is necessary. Based on the assessment, trainings can be added to enhance digital literacy of the Digital Centre community members, service providers, students etc. To ensure that these trainings are effective and contribute to furthering learners' competencies, methods for assessing learner engagement and understanding should be incorporated into timely feedback loops. One example is to incorporate Critical Incident Questionnaires into the centre's assessment processes, as well as developing clear and relevant competencies and corresponding rubrics to assess achievement of said competencies. Finally, by incorporating timely and regular feedback loops, the centre may be better able to adapt best practices to the local context.

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9. Digital Pedagogy

9.1. How to conduct the concept to the business plan of the centre?

Digital pedagogy is more than simply using digital technologies in teaching; rather, digital pedagogy requires reflection on digital tools with an applied critical pedagogical perspective. So, it is as much about using digital tools thoughtfully as it is about deciding when not to use digital tools, and assessing the impact of digital tools on learning. While the aim is to build digital competencies for teaching, learning and service provision, ultimately, digital pedagogical practices have a wider impact than educational functions (Toktarova & Semenova, 2020; Volkova et al., 2021). The digital pedagogy will be part of the curriculum in theory and practise with the aim that students achieve professional competencies in a timely and correct application of available digital technologies.

9.2. How to conduct the concept to the services of the centre?

Integrating digital competencies into service provision involves more than just acquiring technical skills; it requires the practical application of digital tools through digital pedagogy. This approach ensures that theoretical knowledge is effectively transferred to real-world situations, enhancing both teaching and learning. By focusing on both digital skills and their practical use, educational institutions can better prepare individuals to thrive in an increasingly digital environment (Toktarova & Semenova, 2020).

9.3. How to conduct the concept of collaboration with clients of the centre?

To effectively apply collaboration methods with clients and enhance digital pedagogy, it is crucial to develop a peer-reviewed, curated collection of reusable and remixable resources. Additionally, implementing a robust feedback process, including regular monitoring and evaluation, is essential for assessing the effectiveness of the collaboration. This process should involve collecting and analysing client feedback, reflecting on best practices, and identifying challenges and opportunities to continuously improve the collaboration process and services offered.

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9.4. How to conduct the concept of learning in the centre?

There needs to be innovative approaches to increase student engagement, motivation, and critical thinking. Further, to improve digital pedagogy and learning in the centre, there needs to be:

- Increased reflection, higher level thinking, and deep learning
- Increased responsibility for learning, the ability to interact with peers and teacher
- Innovative approaches provide teacher satisfaction, and immediate feedback to students.

9.5. How to conduct the concept of teaching in the centre?

Psycho-social and healthcare educators' **competence** in digital pedagogy consists of pedagogical, digital and ethical competencies. The educators should be able to use **digital technology** meaningfully for **supporting student learning** and should teach essential digital skills for future professionals and this should include education regarding the ethical aspects” (Ryhtä et al., 2020)

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10. E-Rehabilitation

10.1. How to conduct the concept to the business plan of the centre?

The aim of rehabilitation is to empower people with health conditions or impairment to live as independently as possible, participate in education, be financially productive and have a meaningful life (Chaturvedi & Jayarajan, 2017). The need for rehabilitation is globally increasing due to the ageing population, improved health care services and an increase in noncommunicable diseases and thus unmet rehabilitation needs have also increased (Palagin et al., 2022).

E-rehabilitation (or telerehabilitation) has been defined as "the delivery of rehabilitation services through the use of information and communication technologies" (Hung & Fong, 2019), and may consist of services that include assessment, prevention, intervention, treatment, training, and counselling.

The business plan defines e-rehabilitation services as part of a health care system or as a private ancillary service. The plan defines the user groups of e-rehabilitation services as well as the price of the services or any free services. E-rehabilitation may consider many technologies such as wearable devices, internet, virtual reality and smartphone, and the business plan identifies the necessary technical tools acquisition with prices in the SIAHDPC. In addition, privacy and data protection, usability assessment and customer access to digital services must be designed in accordance with the law.

10.2. How to conduct the concept to the services of the centre?

Services can be provided **flexibly, non-time/booking dependent** or by appointment via telephone or video conferencing. E-rehabilitation may include services as occupational therapy, physiotherapy, psychotherapy and/or speech-language therapy and e-rehabilitation service design can include all the above as well as interdisciplinary e-rehabilitation service design (Wentink et al., 2018).

10.3. How to conduct the concept of collaboration with clients of the centre?

Equipment is generally simple and easy to use after training. Clients need to be well supported in e-rehabilitation processes including guidance, counselling and training. Collaboration with clients requires ensuring that clients have access to technology, knowledge of how to use it and motivating clients to actively participate in the rehabilitation process. E-rehabilitation provides the client with benefits such as lower costs and may remove transportation limitations, flexible training times and improved integration of skills training into everyday life (Cranen et al. 2011). Barriers may include loss of rehabilitation motivation and clients' fear about both reduced peer

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contacts and reduced in-person therapist contact. There is a need to consider both clients' digital skills and attitudes towards e-rehabilitation. It may be most useful to combine in-person meetings with e-rehabilitation, depending on the needs of the clients. Motivation to introduce telerehabilitation increases if the client chooses it on their own. However, a discussion of attitudes related to telerehabilitation and the involvement of the client's family, can increase the chances of the client choosing telerehabilitation. For example, older adults may be inexperienced with technology, but their children or grandchildren may have more expertise using the available technology (Wentink et al., 2018).

10.4. How to conduct the concept of learning in the centre?

The aim of learning is to achieve rehabilitation competences such as client-centredness, ethical practices, life-long learning, management and evidence informed practice (WHO, 2021). By practising at the SIAHDPC centre, students will be able to build good relationships with clients and their families using telecommunication applications, they will learn to manage equipment and the environment so that it supports good and safe interaction with clients and their families. Students are also able to communicate empathetically using virtual or remote communication modalities, or in other written communication mediums. The student can identify and acknowledge the attitudes, beliefs and feelings of the client and his / her family about new technology. Students will learn how to facilitate and coach clients in using applications, hardware and software. Students will learn to use a variety of applications and internet platforms in e-rehabilitation and learn assessment, training, giving feedback and evaluation in e-rehabilitation processes with clients. Students will learn to apply evidence-based information about telerehabilitation. Students learn problem solving and develop a variety of solutions in e-rehabilitation-related services.

10.5. How to conduct the concept of teaching in the centre?

Pedagogical solutions will be described in related CPD-courses. Digital pedagogy is not only about using digital technologies for teaching, but about applying a critical pedagogical perspective to the use of digital tools, so the same rule plays in telerehabilitation. For this reason, teachers need to emphasise when to use digital tools, and which tools can and should be used in each individual situation, including situations in which in-personal meetings are necessary. Indeed, this requires students to reflect on what and how they have learned vis-a-vis digital solutions and how to transfer positive experiences into SIAHDPC.

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11. Telehealth

11.1. How to conduct the concept to the business plan of the centre?

The emphasis on telehealth can cause its meanings to shift, with some focussing on technological discourse, others on the area of study, and sometimes even on the cyber-cultural aspect of health care or program administration. The significance of telehealth, which is being emphasised, helps to explain this multiplicity (Silva et al., 2014).

The WHO defines the concept of telehealth as “the provision of health services by health professionals, where distance is a critical factor, using information and communication technologies to exchange valid information for the purposes of diagnosis, treatment and prevention of disease and injury, research and evaluation, and to facilitate the continuing education of health professionals, with the aim of safeguarding the health of individuals and communities” (WHO, 2021). Building on that, we adopt the proposal of Silva et al., (2014, p.8) for broadening this concept, who defined it as follows: “as health care practice and knowledge that, by mediation of technology, materialises in the health care information and knowledge ecosystem.

What is more, a novel idea in telehealth, therapeutic relational connection (TRC) describes the purposeful application of relationship connection between patients and healthcare providers as both parties strive towards a therapeutic goal. TRC has been shown to have a positive impact on patient-centred outcomes, such as satisfaction with care, adherence, and self-management (Duffy et al., 2023).

Yet, the concept of telehealth is still a new method of practising health care, and an uncommon practice in Kosovo. Including it in the business plan of the centre requires research and analysis in order to properly establish it. shown that telehealth improves patient/client engagement with remote monitoring as well as clinical workflows while increasing practice efficiency. Doing so, it is expected to help expand the access to care and reach more patients/clients as well as reduce practice overhead, cut patient costs and potentially improve the quality of healthcare.

11.2. How to conduct the concept to the services of the centre?

Telehealth is the use of digital communication technologies, such as **computers** and **mobile** devices, to access health care services remotely and manage client's health care. These may be technologies clients use from home or that practitioners of digital practice centres use to **improve or support health care services.**

More complex telemedicine solutions, especially those used by larger health systems, usually

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require a telemedicine cart. This piece of telemedicine equipment gives providers a mobile frame and storage system to carry **cameras, computer monitors, keyboards, computers, and mobile medical devices.**

11.3. How to conduct the concept of collaboration with clients of the centre?

Telehealth encompasses various technologies such as remote monitoring of vital signs, live video conferencing, and the use of mobile health (mHealth) applications to support preventive care and promote healthier lifestyles. To ensure the effective implementation of telehealth in Kosovo, it is crucial to assess the digital literacy levels and the availability of necessary equipment among clients. Providing targeted client training will enhance their digital literacy, enabling easier access to and better use of digital healthcare services.

11.4. How to conduct the concept of learning in the centre?

It is important to develop training programs by the HEI in this project. Service providers and users will need training for telehealth services, therefore, digital literacy and communication skills need to be taught to better support clients and their family. Skills being taught should include technical training as well as compassionate and empathic communication techniques. Technical training can be provisioned by video tutorials, FAQs, etc. The training needs to be designed based on the users' role, e.g. students, providers and users.

11.5. How to conduct the concept of teaching in the centre?

Online Telehealth Education is a **virtual community** of telehealth and clinical experts creating a comprehensive platform for telehealth education. Their courses educate physicians, nurses, administrators, IT teams and policy makers in **engaging, interactive content.**

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12. Entrepreneurship Competence

The understanding of Entrepreneurship within SIAHDPC is closely aligned to the European Entrepreneurship Competence Framework (EntreComp) which was developed by the Joint Research Centre (JRC) of the European Commission in 2016. EntreComp defines Entrepreneurship as "the capacity to act upon opportunities and ideas, and transform them into value for others. The value that is created can be financial, cultural or social" (Bacigalupo et al. 2016). As such the JRC is leaning on a definition that was first developed by the Danish Foundation for Entrepreneurship in 2012. Evidently, this definition encompasses a so-called wider understanding of entrepreneurship which is not limited to the creation of start-up but rather extends to dimensions of intrapreneurship (or corporate entrepreneurship and public entrepreneurship). Thus, "entrepreneurship is understood as a transversal key competence applicable by individuals and groups, including existing organisations, across all spheres of life" (Bacigalupo et al. 2016). As a matter of fact, this understanding of entrepreneurship is also the relevant one to be applied within the SIAHDPC project, especially with regards to teaching and learning materials to be developed in work packages 3 and 4. It is of vital importance that staff of participating SIAHDPC organisations share the same understanding of entrepreneurship while working together within the project. Moreover, the awareness of educators and students of the target country organisations for EntreComp and the wide understanding of entrepreneurship needs to be raised by extra efforts. The latter is considered essential to successfully transfer knowledge, resources and experiences with regards to entrepreneurship education from the EU partners to the Kosovo partners.

12.1. How to conduct the concept to the business plan of the centre?

Given that the term entrepreneurship typically refers to individuals who do or could new things and obtain more by doing something in a new or different way, it is important to emphasise that entrepreneurship and innovation competence are transversal competences which apply to all phases of education and studying. In today's world, the application of entrepreneurship to any business plan is almost inevitable. Entrepreneurship helps an organisation to set up core activities and objectives and how it plans to achieve its goals. Further, it is quite important to create an environment from the beginning which enables innovative ideas to thrive and later be developed and supported.

12.2. How to conduct the concept to the services of the centre?

By creating opportunities for students, staff, and teachers to explore and develop new ideas and initiatives that could potentially be developed in advancement and improving services in the centre. The centre should offer financial, human, and technical resources to the staff who have ideas to develop which will automatically help in the further development of the centre.

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12.3. How to conduct the concept of collaboration with clients of the centre?

By constantly “listening” to the client’s concerns and problems regarding the services offered to them. In this way, the centre can improve services based on their client’s feedback which benefits not only the client but also the centre for further development.

12.4. How to conduct the concept of learning in the centre?

Students' personal growth and development of entrepreneurial skills are facilitated by culture, pedagogy and education. Visibility of the “entrepreneurship path” is seen across the curriculum and during education as a growing awareness of entrepreneurial skills and knowledge. Education and culture enable the widespread development of entrepreneurial mind-sets, which benefit individuals and society.

Stakeholders and environment act as a support to developing student’s competences and generating new entrepreneurs. Competences of entrepreneurship can be learned in different environments and platforms. During education students are actively participating in society and working life. They work together with companies and entrepreneurs to practise their entrepreneurship skills through relevant activities such as projects and training. In the end of education students can enter the job market, self-employed and co-found new companies with their peers.

12.5. How to conduct the concept of teaching in the centre?

Teaching activities in the centre can employ a learner-teacher environment that is based on entrepreneurship principles, including collaboration and partnership. Specifically, all parties must share the opportunities for contributing to teaching processes, including curriculum design, ‘classroom’ design, and other analysis and inquiry processes related to teaching and learning.

In this way, by offering equal horizontal opportunities, with a multiplicity of perspectives from both stakeholders, teaching will be grounded on a more effective curriculum/programme that appeals to both teachers and students alike. Highly engaged students are imperative to efficacious teaching and can produce other effects such as improvements in business development ideas and communication skills.

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13. Human Driven Development

13.1. How to conduct the concept to the business plan of the centre?

The strategy stipulated in the business plan of our Centre will incorporate the concept of Human Driven Development primarily through creating a conducive environment for human development using and continuously exploring new relevant technology. It introduces this perspective in the healthcare setting primarily through shared ownership and decentralisation, with the objective of helping our society become more resilient to both future unanticipated shocks and the foreseeable grand challenges that humanity faces. It also recognizes and highlights the belief that everyone should be able to receive the health care they require without fear of financial ruin or poverty (WHO, 2016).

Besides, we recognize and highlight the importance of remaining alert and open to future rethinking of human development as scientific progress creates additional relevant insights.

13.2. How to conduct the concept to the services of the centre?

This concept will be embedded in the service design process for enabling and emerging e-health services. Indeed, through offering e-health, tele-health and virtual health services, we seek to further customise our services to the needs of the clients; in this regard, the planned equipment shall enable both the service providers within and out of the centre connect with clients at the premises of the Centre or at other location of their convenience.

The experience of our Centre shall serve as unique additional evidence that is needed especially when designing information and communication technologies applicable in the healthcare sector (Niemelä et al., 2014).

Further, the Center goes beyond the focus of Industry 4.0 paradigm pertinent to this concept, namely, it underscores the importance of not only digitizing the work. Instead, it adopts the Industry 5.0 paradigm, namely highlighting that work should also be human-centric, resilient, and sustainable (Tóth et al., 2023).

13.3. How to conduct the concept of collaboration with clients of the centre?

Amid numerous large-scale societal and technological transformations, models of delivering e-health services that respect human values and needs that are capable of integrating multiple perspectives into service design are required in order to achieve outcomes that are interesting, feasible and sustainable in all senses of the term (Niemelä et al., 2014).

Including primary caretakers in the larger picture of healthcare allows for the inclusion of emerging public health challenges, with primary caretakers' information and education serving as a powerful vector for prevention and mitigation.

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13.4. How to conduct the concept of learning in the centre?

Our Centre seeks to provide innovative and alternative approaches of delivering educational and health services that are not solely based on a single central authority, but on shared ownership, as well as decentralised infrastructure and services.

It offers alternative opportunities to advance the quality of training and educational services through empowering both the teachers and students through the utilisation of technological tools and instruments that keeps them actively involved as they seek to share and generate knowledge about specific challenges.

13.5. How to conduct the concept of teaching in the centre?

As we create new human and technological capacities, we will be able to provide more and higher quality health services and customise them to the specific client's needs much more effectively and efficiently! Especially persons that are dependent on cares or medical staff, or on other people to get through everyday activities can widely benefit from the use of digital technologies and digitisation in the healthcare sector. Here teachers play an important role to see and understand the need and also to find this target groups and identify the right projects

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14. User Involvement

14.1. How to conduct the concept to the business plan of the centre?

Considering the consumer-focused orientation of health and social care service delivery, more and more, higher education is requiring user involvement. This concept is particularly applicable in the context of healthcare, where the involvement dimension is relatively more intensive and longer from the consumer/client/patient perspective (Rhodes, 2012). Differently from the concept of participation, which underscores the act of having something or being a part of something, or sharing of something, and that of engagement, which implies the act of engaging or a state, circumstance, or reality of engaging, involvement implies the state of being involved in an action or a process (Oxford English Dictionary, 2024). This concept is reflected on the centre by recognizing the power and right of the users, and is manifested in the ToRs in terms of assigning them responsibilities from the level of participating up to controlling certain processes.

Given the local context, we have adopted the following measures, which shall be part of the sustainability strategy, too: flexible approaches for different professions, ensuring user collaboration and transparent relationships (Downe et al., 2007); collaborative decision-making between users, academicians, students (Morgan & Jones, 2009); inclusive access for users from diverse backgrounds, especially underrepresented groups (Agnew & Duffy, 2010); recognition of involvement in possible terms such as payment and titles like affiliate lecturer, granting access to development opportunities (Minogue et al., 2009); continuous support and training for all involved (Rush, 2008); research and evaluation on the impact of involvement on both users, client' wellbeing and student learning outcomes (Furness et al., 2011).

14.2. How to conduct the concept to the services of the centre?

At Student-Run Centre the service-user is identified as an active participant and an equal actor in their own wellbeing/rehabilitation. The service-user is empowered and encouraged by the service-provider to express their priorities regarding their own values and views. User involvement is an important concept in the model of the centre, through it we transmit the position and importance of the client in the whole of the treatment process. Moreover, in the business planning phase, it is essential to ensure user perspectives and needs in order to enhance the performance of the centre.

The service-user is allowed and encouraged to be involved in the full-service process. The service-user participates in the goal-setting process and intervention plans are developed in collaboration. Intervention strategies are designed to take in account the service-users' values and views. Moreover, to better establish this concept to the services of the centre, user satisfaction surveys and needs assessments will be some of the methods that will be adopted in supporting it.

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14.3. How to conduct the concept of collaboration with clients of the centre?

The concept of user-involvement is crucial in healthy collaboration amongst all parties involved in the centre. The following points are source of good evidence in supporting the well integration of this concept to the centre:

- **Co-Creation:** planning services always involves those persons who are part of a system or a service (=service-users and service-providers).
- **Service-users** need to be aware of the elements of a service. Evidencing creates loyalty and helps customers understand the entire service experience.
- Remember the symmetric discussion. Ask and be genuinely interested in service-users' views.
- Dare to step out from your comfort zone and try something new; best way to become a better human-centric professional
- The trust increases confidence: see and hear everyone, be presence, believe in everyone's ability to learn, give experiences of success
- By observing, identifying and reflecting, especially the strengths and resources of the service-user, the desired change is achieved, the internal motivation and commitment is maintained and the active role in one's own wellbeing/rehabilitation is strengthened.
- Help the service-user to trust her/his own abilities and skills. Give a lot of concrete and positive feedback to increase the self-efficacy and self-esteem of the service-user.
- Reflect your interaction culture and the environment; do they encourage and empower the co-creation and success experiences.

14.4. How to conduct the concept of learning in the centre?

Considering that users-involvement is crucial in the well-functioning of the centre, it must be carefully analysed in each phase of establishing the centre. User-involvement is essential as well as a concept in the learning aspect of the centre. In general, users should be involved from the inception of any initiative and throughout. This would include facilitating users and other stakeholders to think about what areas they feel they could best contribute. The User-involvement as a concept can be introduced while conducting training and workshops on demonstrating its importance to the ongoing development of the centre.

14.5. How to conduct the concept of teaching in the centre?

Through involvement of clients actively in the process, also will be involved actively the students and this way the approach will be created as a functional model of the centre in the process of learning and providing services. Moreover, involving patients who are well experienced to tell their stories to students could spice up the teaching with real life experiences.

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15. End-User

15.1. How to conduct the concept to the business plan of the centre?

An end-user is defined as someone who makes use of the services produced by the centre. Regarding this project, both clients and professionals are recognized as end-users. Matching their needs and goals is essential to support evidence-based practices in delivering optimal therapy outcomes. The centre is designed to perceive this concept as a channel of serving, while being susceptible to the unique needs, preferences, priorities, and decision making right of the users, at least as equally important as those prescribed by the professionals, providing services for them.

15.2. How to conduct the concept to the services of the centre?

When it comes to achieving a successful implementation of the project, all end-users, including students, clients and professionals are important user participation groups in the development process. And, to deliver successful services and develop specific skills and competencies their needs are considered. Delivery to the end-user is the last step of the development process, and the aim is to help the end-users accomplish something that, prior to this, were not able to. For this reason, the concept is significant to the services of the centre as it helps in designing the services appropriate for the end-users. Having effective and appropriate design for the end-users is beneficial because it can promote adherence and increased clinical effectiveness (McDonagh & Thomas, 2013).

15.3. How to conduct the concept of collaboration with clients of the centre?

Working collaboratively with the client is considered as an integral component of the therapeutic process, a crucial integrative concept, and a strong indicator of outcome (e.g., Horvath & Bedi, 2002; Martin et al., 2000; Tryon & Winograd, 2002). Additionally, to support, facilitate and improve the services provided for real end-users (clients) their feedback is needed. Thus, having a collaborative environment and relationship provides a platform for the clients to explore their problems, reflect on alternatives, voicing their opinions and concerns, negotiating the goals for the treatment and sharing what has been helpful for them and what has been missing or not working.

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15.4. How to conduct the concept of learning in the centre?

The centre provides to the end-user, in this case to the student, an environment where they can develop new skills and competencies needed for future work. The centre provides an environment that makes clear the content, the reasons for learning the content and the target mastery. The student should be able to learn the services that are being delivered, how they should be delivered, what should be done in specific situations and their role in the centre. In this way, the student will develop the skills, competencies and points of view needed by professionals by becoming active participants in a learner-centred environment.

15.5. How to conduct the concept of teaching in the centre?

Another key factor at the digital practice centre is the role of the teacher. Instead of having the provider of information role, teachers take the role of the facilitators. Which means that they help the student interact with content in productive ways. Having an active involvement of both parties, students and teachers, enhances content learning and helps participants move from novice toward expert status. Which in turn, might lead to better treatment outcomes for the clients.

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16. User Habit/ Usability

16.1. How to conduct the concept to the business plan of the centre?

Usability as a concept can be conducted in coordination with all project partners and the leading partner. The importance of usability falls in the platforms that users carry out and the result they produce. Usability indicates that a product or service runs error free. Usability can help differentiate your products from those of your competitors. If two products are substantially equal in utility, the product with better usability will probably be regarded as superior. In addition, the Windows look-and-feel and accompanying programming guidelines have levelled the playing field for the basic user interface, so that many programs that serve similar functions look and act somewhat alike. These similarities mean that small differences in usability can have a big effect on user preference.

16.2. How to conduct the concept to the services of the centre?

The precondition for successful usability is testing the beta version of the platform with real users. After the initial testing results, we can start outlining parts which need to be improved. The incorporating of it would lead to a much-improved product, in this case the digital centre in several areas, and reducing costs and training time in delivering the services of the centre.

16.3. How to conduct the concept of collaboration with clients of the centre?

After the centre is established and we have clients then we can do repetitive testing which will lead us to improve our platform and have better usability. Developers should recognize that they are not typical users. They have more intimate knowledge and understanding of the system that they are developing than the average user ever will. Aspects of the interface that are unclear or confusing to most users might therefore be perfectly clear to someone who has worked on the project. Some software developers can empathise with the average user to a degree, but there is no substitute for the real interactions of actual users with the product.

16.4. How to conduct the concept of learning in the centre?

In collaboration with HEI and all project partners in the centre, especially universities, they can help engage the students as users through the beta version platforms, which at the same time will help students be incorporated in learning how services are conducted or delivered through platforms.

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16.5. How to conduct the concept of teaching in the centre?

In collaboration with HEI, and all project partners in the centre, usability can improve pedagogical methods by allowing mentors/teachers in as users, which would help them enhance their knowledge and experience as users.

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17. Life-Long-Learning (LLL)

17.1. How to conduct the concept to the business plan of the centre?

The concept for lifelong learning plan can be incorporated and budgets a plan as follows: Flexible learning modules, in such a way that modules can be designed and planned for a variety of modes of offering. These modules can be offered online, weekend based, evening, intensive course modules, etc. Besides the various flexible modules, the classes will be also affordable, as education is seen as an investment for the future, the affordability should not be seen as a factor that terminates the incentives of lifelong learning. Classes can be challenging for certain groups of people in certain periods of their lives, and as such is planned a curriculum for adult learners. This comes as a method of being able to comprehend what is being taught, by applying different means, even a curriculum for adult learners.

For something to be well learned it also needs to be applied in real life situations, and as such we plan on incorporating Practicum based learning, which will help students become more experienced.

Continuous evaluation of learning outcomes is also another important indicator in the performance of the students, and as such we plan on applying this method to assure quality in the process and the outcome.

17.2. How to conduct the concept to the services of the centre?

Service of the centre can be delivered through teacher training, professional development and on the job training. As well as flexible learning modules, design and plan for a variety of modes of offering- online, weekend based, evening, intensive course modules and the affordable classes. Service Effectiveness Assessment plays a crucial role also, especially when it comes to assuring the quality and functionality of the centre. Centre- reflect and adapt based on service assessment.

17.3. How to conduct the concept of collaboration with clients of the centre?

By delivering in person and online programs facilitated by internal and external partners, a collaboration between clients and the centre can be established. This collaboration can also be maintained through Assessment of baseline KAP (Knowledge, Attitude, Practices). Another means of collaboration can be to identify gaps that will help keep in sync with clients' needs. With faculty/ technicians- developed curriculum and teach/train local users can be assessed as a collaboration tool, (best practices, challenges, and opportunities).

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17.4. How to conduct the concept of learning in the centre?

Flexible learning modules are expected to increase learning proficiency by offering professional development, on the job training. This helps students to learn and practice at the same time, and as such be capable of applying practical what they learn. Affordable classes are also another important factor of learning. Reflection and self-reflection through a Continuous evaluation of learning outcomes play a very important role in being able to grasp the learning process well (Goode et al., 2022).

17.5. How to conduct the concept of teaching in the centre?

Curriculum for adult learners and Practicum based learning are tools that help mentors/teachers in the processes of teaching, as it makes it easier to create objectives that are reachable for students and help them through the process of learning. Students' assessment of teaching and content of the curriculum can help mentors in applying methods that can be embraced by the students.

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18. Innovation

18.1. How to conduct the concept to the business plan of the centre?

Aware about the array of definitions of the concept of innovation, our team has adopted a mixed view on it, constituting of social and business innovation. Namely, we recognize the merits of the profit-oriented Schumpeter (business view) definition of about innovation (Schumpeter, 1934), but we do not sacrifice the rest of the picture, accounting for meanings related to improvement of living conditions for humans and eco-system in general. The rationale behind it is not simply demagogical, but it is based on the recognized immense potential of creating new added values on our work from such an approach, as we prepare ourselves and contribute to the transition from an underdeveloped society into a knowledge, service, and wellbeing-cantered (human-first) one. The employment of innovation indicates a process where individuals conceptualise ideas, products to approach the existing ones in new, creative ways. This process will lead the business model in areas of business growth, relevance, and competition. Innovation as part of the centre's business plan would help create new ways of delivering services to its clients which will lead to a stable and leveraging place in the market. While different business plans may require different approaches based on their goals and aims, it is the embrace of innovation as the main component of attaining success.

18.2. How to conduct the concept to the services of the centre?

Considering that the centre offers services through the digital centre, the importance of innovation lies at the very core of innovation, mainly that of technology. Innovation in technology and digitalization opens the path of delivering services of the centre in the highest quality through latest and up to date means, such as virtual reality, artificial intelligence, or robotics. For example, the use of virtual reality (VR) has been proven to treat a range of mental health services, by allowing real-time measurements of emotional, psychological, and behavioural responses involving real-life situations and as such enabling experimental control (Emmelkamp & Meyerbröcker, 2021). The use of this high tech at the same time increases productivity and efficiency of the clinic in delivering its services, which otherwise would require a lot of time in practice, and at the same time enhances the infrastructure of the centre.

18.3. How to conduct the concept of collaboration with clients of the centre?

For innovation to be put in practice it requires work and implementation. For ideas to become projects there are a handful of services that need to be delivered between different parties. These innovation projects will require collaboration between clients and the centre, as well as clients amongst them.

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18.4. How to conduct the concept of learning in the centre?

Innovation is expected to help students personalise different dimensions of learning, in the way that they can access new levels of information and resources, by providing customised channels of reach for each student. Approaching education, especially in the health sector, through innovative models would generate interdisciplinary skills in the student's professional advancement. Studies show that the use of the latest technology such as virtual has shown to be effective for students in helping them develop empathy as future medical and health professions (Cabero-Almenara et al., 2023). For example, VR allows students to approach people with a variety of illnesses or injuries, and the interaction helps them better understand those people. Such use of innovative modalities of teaching, helps students' experience and practise theoretical knowledge, while developing their soft and professional skills, and prepares them better for their careers.

18.5. How to conduct the concept of teaching in the centre?

Teachers and mentors can make use of innovation in the processes of delivering practical knowledge to their students. Implementation of innovation, including technology, throughout their time in the centre is what is expected from teachers. The employment of such innovation will increase the interdisciplinary domain of the material and skills that the centre provides. Research shows that students perform better when the teaching method involves image and auditory narratives (Cabero-Almenara et al., 2023). Considering this, for example use of 3D Models, would help teachers to explain and students explore anatomic complex structural form from different angles. Use of VR can also increase the quality of the teaching in the centre as well. Some structures are not as effective in a 3D model, such as a model of an ear, and so if they were to transfer to VR mode that would help teachers convert information into application.

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19. Co-Configuration

19.1. How to conduct the concept to the business plan of the centre?

Reciprocal relationships can be built up in a collaborative process. Co-configuration is needed e.g., in the beginning of an innovation project when participants (students, entrepreneurs, clients and experts) want to uncover the challenge. Through co-configurative dialog participants can share experiences, theoretical knowledge, observations, evidence and other kinds of knowledge of participants and build better understanding about the challenge. It gives a space for the client's voice and can give an authentic view to the user's needs.

In co-creation the group will first enable user-involvement in the innovation process. Then the group will create together the common aim and plan for user-involved development, testing and marketing processes of new products or services. Through co-creations the agents are not dependent only on the given possibilities, because they are able to build new possibilities together.

19.2. How to conduct the concept to the services of the centre?

Co-configuration can take place in an environment where patients, clients or students are involved in decisions about their needs or services and where stakeholders share their experiences, knowledge, ideas and/or suggestions. People in such an environment or those with this understanding perceive dialogue as a means of making progress or improving performance (Daniels et al., 2010).

In the context of student-run interdisciplinary allied health practice centre co-configuration and co-creation has special meaning. Co-configuration refers to building common understanding. Co-configuration is a dialogical process in an inter-professional group.

19.3. How to conduct the concept of collaboration with clients of the centre?

Both co-configuration and co-creation are based on reciprocal relationships in frames of justice, good will, respect and trust. Reciprocal relationships can be built up in a collaborative process. Co-configuration is needed e.g., in the beginning of an innovation project when participants (students, entrepreneurs, clients and experts) want to uncover the challenge. Through co-configurative dialog participants can share experiences, theoretical knowledge, observations, evidence and other kinds of knowledge of participants and build better understanding about the challenge. It gives a space for the client's voice and can give an authentic view to the users

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19.4. How to conduct the concept of learning in the centre?

The students should achieve competencies during their studies. Students should have access to existing knowledge of relevant technology and theoretical materials. It is important to develop training programs by the HEI in this project. Students can have the opportunity to reflect on their best practices, challenges and opportunities and they can self-evaluate based on established competencies.

19.5. How to conduct the concept of teaching in the centre?

Teaching in the centre is oriented through different steps: Observation, engagements and practising. Students will be the focal point of the teaching process, while teachers will act as facilitators, guides and accelerators of discussions, new perspectives and ideas generated by the students seeking to solve the problems that they are exposed or assigned to by the teachers.

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20. Competence-based education

20.1. How to conduct the concept to the business plan of the centre?

Competence-based education can help conduct the plan of business by agreeing on competencies and establishing benchmarks. This may help develop the assessment process through the centre- self-reflection and by adjusting the curriculum. Compete based education can involve the delivery of the curricula as well as an important factor, especially by adjusting it to needs of the clients/students.

20.2. How to conduct the concept to the services of the centre?

Services of the centre can be delivered effectively by sharing competencies and information with students, which will help them become more self-aware of their surroundings. Developing rubrics for evaluation is also a means of providing services in the most efficient way, as evaluation assesses the quality of the services provided. Reflection: instructor-student feedback loops (consultations) also are important as they leave room for improvement and better adjustment. Practice (lab) is important in projecting what students so far have grasped by the services of the centre.

20.3. How to conduct the concept of collaboration with clients of the centre?

Practice skills learned in the Centre can help in developing a bridge of collaboration between the clients. Assessing practitioners' services, such as mentor and client feedback, is one the most crucial elements as well, because it helps to channel the needs of the clients and help them create networks of communication with one another. Reflection and applying feedback come as a next step in building cooperation between clients and the centre.

20.4. How to conduct the concept of learning in the centre?

Competency based learning in the centre can be reached if students understand competencies, and they work on Project based learning. This will help develop their skills and judgement through support- Self assessment processes students will improve their critical thinking and evaluation of competence-based learning. This will lead to reflection and application of competence-based learning.

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20.5. How to conduct the concept of teaching in the centre?

First step to conduct the concept of teaching in the centre is to identify the outcomes. By doing so, we can define the level of performance for each competence and as such establish the benchmarks. This establishment will help in developing a framework for assessing competencies which help teachers and mentors in how to operate. This framework will also help in evaluating the program on a continuous basis to be sure that the desired outcomes are being achieved.

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Reference

Abreu, P., & Restivo, M. T. (2022). Cloud-Based Data Storage System for eHealth Smart Devices. *Lecture Notes in Networks and Systems*, 298. https://doi.org/10.1007/978-3-030-82529-4_39

Agnew, A., & Duffy, J. (2010). Innovative approaches to involving service users in palliative care social work education. *Social Work Education*, 29(7), 744–759. <https://doi.org/10.1080/02615471003657976>

Alves, H., Fernandes, C., & Raposo, M. (2016). Value co-creation: Concept and contexts of application and study. *Journal of Business Research*, 69(5). <https://doi.org/10.1016/j.jbusres.2015.10.029>

ASAHP. (2020). What is Allied Health? <https://www.asahp.org/what-is-allied-health-copy>

Aspfors, J., & Fransson, G. (2015). Research on mentor education for mentors of newly qualified teachers: A qualitative meta-synthesis. *Teaching and Teacher Education*, 48. <https://doi.org/10.1016/j.tate.2015.02.004>

Bendowska, A., & Baum, E. (2023). The Significance of Cooperation in Interdisciplinary Health Care Teams as Perceived by Polish Medical Students. *International Journal of Environmental Research and Public Health*, 20(2). <https://doi.org/10.3390/ijerph20020954>

Boechler, P., Dragon, K., & Wasniewski, E. (2014). Digital Literacy Concepts and Definitions. *International Journal of Digital Literacy and Digital Competence*, 5(4). <https://doi.org/10.4018/ijdlcd.2014100101>

Bollen, A., Harrison, R., Aslani, P., & van Haastregt, J. C. M. (2019). Factors influencing interprofessional collaboration between community pharmacists and general practitioners—A systematic review. In *Health and Social Care in the Community* (Vol. 27, Issue 4). <https://doi.org/10.1111/hsc.12705>

Bornman, J., & Louw, B. (2023). Leadership Development Strategies in Interprofessional Healthcare Collaboration: A Rapid Review. *Journal of Healthcare Leadership*, 15, 175–192. <https://doi.org/10.2147/JHL.S405983>

Cabero-Almenara, J., Llorente-Cejudo, C., Palacios-Rodríguez, A., & Gallego-Pérez, Ó. (2023). Degree of Acceptance of Virtual Reality by Health Sciences Students. *International Journal of Environmental Research and Public Health*, 20(8). <https://doi.org/10.3390/ijerph20085571>

Carleton College. (2010). What is Interdisciplinary Teaching?

Project number: **619098-EPP-1-2020-1-XK-EPPKA2-CBHE-JP**

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Co-funded by the
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<https://serc.carleton.edu/econ/interdisciplinary/what.html>

Chaturvedi, S. K., & Jayarajan, D. (2017). E-Rehabilitation: New Reality or Virtual Need? In *Journal of Psychosocial Rehabilitation and Mental Health* (Vol. 4, Issue 1). <https://doi.org/10.1007/s40737-017-0089-6>

Chowdhury, S. R., Chandra Das, D., Sunna, T. C., Beyene, J., & Hossain, A. (2023). Global and regional prevalence of multimorbidity in the adult population in community settings: a systematic review and meta-analysis. *EClinicalMedicine*, 57. <https://doi.org/10.1016/j.eclinm.2023.101860>

Coyne, I., Holmström, I., & Söderbäck, M. (2018). Centeredness in Healthcare: A Concept Synthesis of Family-centered Care, Person-centered Care and Child-centered Care. In *Journal of Pediatric Nursing* (Vol. 42, pp. 45–56). W.B. Saunders. <https://doi.org/10.1016/j.pedn.2018.07.001>

D'Souza, R., & Fernandes, N. V. (2021). A Perspective on an Interdisciplinary Approach to Education. *Modern Perspectives in Language, Literature and Education* Vol. 8, 105–113. <https://doi.org/10.9734/BPI/MPLLE/V8/4067F>

Dahlberg, K., Jaensson, M., & Nilsson, U. (2019). “Let the patient decide” – Person-centered postoperative follow-up contacts, initiated via a phone app after day surgery: Secondary analysis of a randomized controlled trial. *International Journal of Surgery*, 61. <https://doi.org/10.1016/j.ijisu.2018.11.022>

Downe, S., McKeown, M., Johnson, E., Koloczek, L., Grunwald, A., & Malihi-Shoja, L. (2007). The UCLan community engagement and service user support (Comensus) project: valuing authenticity, making space for emergence. *Health Expectations*, 10(4), 392–406. <https://doi.org/10.1111/j.1369-7625.2007.00463.x>

Duffy, L. V., Evans, R., Bennett, V., Hady, J. M., & Palaniappan, P. (2023). Therapeutic Relational Connection in Telehealth: Concept Analysis. *Journal of Medical Internet Research*, 25. <https://doi.org/10.2196/43303>

Emmelkamp, P. M. G., & Meyerbröker, K. (2021). Virtual Reality Therapy in Mental Health. In *Annual Review of Clinical Psychology* (Vol. 17). <https://doi.org/10.1146/annurev-clinpsy-081219-115923>

Ferreira, D. C., Vieira, I., Pedro, M. I., Caldas, P., & Varela, M. (2023). Patient Satisfaction with Healthcare Services and the Techniques Used for its Assessment: A Systematic Literature Review and a Bibliometric Analysis. In *Healthcare (Switzerland)* (Vol. 11, Issue 5). <https://doi.org/10.3390/healthcare11050639>

Fewster-Thuente, L., & Velsor-Friedrich, B. (2008). Interdisciplinary collaboration for healthcare professionals. *Nursing Administration Quarterly*, 32(1). <https://doi.org/10.1097/O1.NAQ.0000305946.31193.61>

Project number: **619098-EPP-1-2020-1-XK-EPPKA2-CBHE-JP**

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Forbes, R., Beckman, E., Tower, M., Mandrusiak, A., Mitchell, L. K., Sexton, C. T., Cunningham, B., & Lewis, P. A. (2020). Interprofessional, student-led community health clinic: expanding service provision and clinical education capacity. *Australian Health Review*, 45(2), 255–260. <https://doi.org/10.1071/AH20021>

Furness, P. J., Armitage, H., & Pitt, R. (2011). An evaluation of practice-based interprofessional education initiatives involving service users. *Journal of Interprofessional Care*, 25(1), 46–52. <https://doi.org/10.3109/13561820.2010.497748>

Goode, E., Nieuwoudt, J. E., & Roche, T. (2022). Does online engagement matter? The impact of interactive learning modules and synchronous class attendance on student achievement in an immersive delivery model. *Australasian Journal of Educational Technology*, 38(4). <https://doi.org/10.14742/ajet.7929>

Haggarty, D., & Dalcin, D. (2014). Student-run clinics in Canada: an innovative method of delivering interprofessional education. *Journal of Interprofessional Care*, 28(6), 570–572. <https://doi.org/10.3109/13561820.2014.916658>

HIPPA. (2018). Wellbeing and better service housing through digitalisation -HIPPA. <https://hippa.metropolia.fi/en/>

Hoseini-Beidokhti, M., Abaeian, G., Abedini-Baghbadorani, S., & Latifi, S. M. (2022). Quality and Effectiveness of Virtual Education From the Viewpoint of Rehabilitation Professors and Students of Ahvaz Jundishapur University of Medical Sciences During the COVID-19 Pandemic. *Iranian Rehabilitation Journal*, 20(3). <https://doi.org/10.32598/irj.20.3.1665.1>

Jessani, N. S., Hendricks, L., Nicol, L., & Young, T. (2019). University Curricula in Evidence-Informed Decision Making and Knowledge Translation: Integrating Best Practice, Innovation, and Experience for Effective Teaching and Learning. *Frontiers in Public Health*, 7. <https://doi.org/10.3389/fpubh.2019.00313>

Karam, M., Brault, I., Van Durme, T., & Macq, J. (2018). Comparing interprofessional and interorganizational collaboration in healthcare: A systematic review of the qualitative research. *International Journal of Nursing Studies*, 79, 70–83. <https://doi.org/10.1016/J.IJNURSTU.2017.11.002>

Kumah, E. A., McSherry, R., Bettany-Saltikov, J., & Van Schaik, P. (2022). Evidence-informed practice: simplifying and applying the concept for nursing students and academics. *British Journal of Nursing (Mark Allen Publishing)*, 31(6), 322–330. <https://doi.org/10.12968/BJON.2022.31.6.322>

Melnyk, B. Mazurek., & Fineout-Overholt, Ellen. (2023). Evidence-based practice in nursing & healthcare : a guide to best practice.

Project number: **619098-EPP-1-2020-1-XK-EPPKA2-CBHE-JP**

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Mertens, F., de Groot, E., Meijer, L., Wens, J., Gemma Cherry, M., Deveugele, M., Damoiseaux, R., Stes, A., & Pype, P. (2018). Workplace learning through collaboration in primary healthcare: A BEME realist review of what works, for whom and in what circumstances: BEME Guide No. 46. *Medical Teacher*, 40(2), 117–134. <https://doi.org/10.1080/0142159X.2017.1390216>

Metzelthin, S. F., Daniëls, R., van Rossum, E., Cox, K., Habets, H., de Witte, L. P., & Kempen, G. I. J. M. (2013). A nurse-led interdisciplinary primary care approach to prevent disability among community-dwelling frail older people: A large-scale process evaluation. *International Journal of Nursing Studies*, 50(9). <https://doi.org/10.1016/j.ijnurstu.2012.12.016>

Miles, A., & Asbridge, J. E. (2018). Person-centeredness in health and social care - what exactly is it that patients and their carers want? *European Journal for Person Centered Healthcare*, 6(1). <https://doi.org/10.5750/ejpc.v6i1.1569>

Miles, A., & Loughlin, M. (2011). Models in the balance: evidence-based medicine versus evidence-informed individualized care. *Journal of Evaluation in Clinical Practice*, 17(4), 531–536. <https://doi.org/10.1111/J.1365-2753.2011.01713.X>

Millar, S. L., Chambers, M., & Giles, M. (2016). Service user involvement in mental health care: An evolutionary concept analysis. In *Health Expectations* (Vol. 19, Issue 2). <https://doi.org/10.1111/hex.12353>

Miller, R. C. (2010). Interdisciplinarity: Its Meaning and Consequences. *Oxford Research Encyclopedia of International Studies*. <https://doi.org/10.1093/ACREFORE/9780190846626.013.92>

Ministry of Health. (2021). Allied Health Business Plan 2021-2023.

Minogue, V., Holt, B., Karban, K., Gelsthorpe, S., Firth, S., & Ramsay, T. (2009). Service User and Carer Involvement in Mental Health Education, Training and Research – A Literature Review. *Mental Health and Learning Disabilities Research and Practice*, 6(2), 211–227. <https://doi.org/10.5920/MHLDRP.2009.62211>

Morgan, A., & Jones, D. (2009). Perceptions of service user and carer involvement in healthcare education and impact on students' knowledge and practice: A literature review. *Medical Teacher*, 31(2), 82–95. <https://doi.org/10.1080/01421590802526946>

Moskowitz, D., Glasco, J., Johnson, B., & Wang, G. (2006). Students in the community: An interprofessional student-run free clinic. *Journal of Interprofessional Care*, 20(3), 254–259. <https://doi.org/10.1080/13561820600721091>

Nagel, D. A., Naccarato, T. T., Philip, M. T., Ploszay, V. K., Winkler, J., Sanchez-Ramirez, D. C., & Penner, J. L. (2022). Understanding Student-Run Health Initiatives in the Context of

Project number: **619098-EPP-1-2020-1-XK-EPPKA2-CBHE-JP**

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Co-funded by the
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Community-Based Services: A Concept Analysis and Proposed Definitions. In *Journal of Primary Care and Community Health* (Vol. 13). <https://doi.org/10.1177/21501319221126293>

Nelson, J., & Campbell, C. (2017). Evidence-informed practice in education: meanings and applications. In *Educational Research* (Vol. 59, Issue 2, pp. 127–135). Routledge. <https://doi.org/10.1080/00131881.2017.1314115>

Nevo, I., & Slonim-Nevo, V. (2011). The Myth of Evidence-Based Practice: Towards Evidence-Informed Practice. *The British Journal of Social Work*, 41(6), 1176–1197. <https://doi.org/10.1093/BJSW/BCQ149>

Palagin, O. V., Malakhov, K. S., Velychko, V. Y. U., & Semykopna, T. V. (2022). HYBRID E-REHABILITATION SERVICES: SMART-SYSTEM FOR REMOTE SUPPORT OF REHABILITATION ACTIVITIES AND SERVICES. *International Journal of Telerehabilitation*, 2022(Special Issue). <https://doi.org/10.5195/ijt.2022.6480>

Panteli, D., & Sieber, S. (2022). 3.A. Round table: Evidence-informed decision-making in patient care, public health, and health policy: the road ahead. *European Journal of Public Health*, 32(Supplement_3). <https://doi.org/10.1093/EURPUB/CKAC129.124>

Purcarea, V. L. (2019). The impact of marketing strategies in healthcare systems. *Journal of Medicine and Life*, 12(2), 93–96. <https://doi.org/10.25122/JML-2019-1003>

Rhodes, C. A. (2012). User involvement in health and social care education: A concept analysis. *Nurse Education Today*, 32(2). <https://doi.org/10.1016/j.nedt.2011.11.012>

Rush, B. (2008). Mental health service user involvement in nurse education: A catalyst for transformative learning. *Journal of Mental Health*, 17(5), 531–542. <https://doi.org/10.1080/09638230802053383>

Schumpeter, J. (1934). *Change and the entrepreneur*. Routledge.

Self, J. A., Evans, M., Jun, T., & Southee, D. (2019). Interdisciplinary: challenges and opportunities for design education. *International Journal of Technology and Design Education*, 29(4). <https://doi.org/10.1007/s10798-018-9460-5>

Silva, A. B., Morel, C. M., & de Moraes, I. H. S. (2014). Proposal for a telehealth concept in the translational research model. In *Revista de Saude Publica* (Vol. 48, Issue 2). <https://doi.org/10.1590/S0034-8910.2014048004923>

Slater, L. (2006). Person-centredness: a concept analysis. In *Contemporary nurse : a journal for the Australian nursing profession* (Vol. 23, Issue 1). <https://doi.org/10.5172/conu.2006.23.1.135>

Project number: 619098-EPP-1-2020-1-XK-EPPKA2-CBHE-JP

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Erasmus+ Programme
of the European Union



Spante, M., Hashemi, S. S., Lundin, M., & Algers, A. (2018). Digital competence and digital literacy in higher education research: Systematic review of concept use. In *Cogent Education* (Vol. 5, Issue 1). <https://doi.org/10.1080/2331186X.2018.1519143>

Tebo, M. G. (2023). 5 Ways to Market Your Practice. *Canadian Journal of Optometry*, 85(4), 67–68. <https://doi.org/10.15353/CJO.V85I4.5551>

Toktarova, V. I., & Semenova, D. (2020). Digital pedagogy: Analysis, requirements and experience of implementation. *Journal of Physics: Conference Series*, 1691(1). <https://doi.org/10.1088/1742-6596/1691/1/012112>

Tomlin, G. S., & Dougherty, D. (2014a). Decision-Making and Sources of Evidence in Occupational Therapy and Other Health Professions. *Evidence-Informed Practice / Entscheidungsfindung und Evidenzquellen in der Ergotherapie und weiteren Gesundheitsberufen. Evidenzinformierte Praxis. International Journal of Health Professions*, 1(1), 13–19. <https://doi.org/10.2478/IJHP-2014-0001>

Tomlin, G. S., & Dougherty, D. (2014b). Decision-Making and Sources of Evidence in Occupational Therapy and Other Health Professions. *Evidence-Informed Practice / Entscheidungsfindung und Evidenzquellen in der Ergotherapie und weiteren Gesundheitsberufen. Evidenzinformierte Praxis. International Journal of Health Professions*, 1(1), 13–19. <https://doi.org/10.2478/IJHP-2014-0001>

Tóth, A., Nagy, L., Kennedy, R., Bohuš, B., Abonyi, J., & Ruppert, T. (2023). The human-centric Industry 5.0 collaboration architecture. *MethodsX*, 11. <https://doi.org/10.1016/j.mex.2023.102260>

Volkova, L. V., Lizunova, L. R., & Komarova, I. A. (2021). Digital pedagogy. *Revista on Line de Política e Gestão Educacional*. <https://doi.org/10.22633/rpge.v25iesp.5.16003>

Wentink, M. M., Prieto, E., de Kloet, A. J., Vliet Vlieland, T. P. M., & Meesters, J. J. L. (2018). The patient perspective on the use of information and communication technologies and e-health in rehabilitation. *Disability and Rehabilitation: Assistive Technology*, 13(7). <https://doi.org/10.1080/17483107.2017.1358302>

Project number: **619098-EPP-1-2020-1-XK-EPPKA2-CBHE-JP**

"This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein"



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KEY CONCEPTS



Co-funded by the
Erasmus+ Programme
of the European Union

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